

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 9806895
APPLICANT(S)

FILING DATE

CLAIMS	AS FILED						AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		* IND. DEP.		* IND. DEP.		* IND. DE		
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TOTAL IND.	5																
TOTAL DEP.	21																
TOTAL CLAIMS	46																